U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution lines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25415	2 Fiscal Year Covered From			
	1 / 1 / 2005 Through 12 / 31 / 2005			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Joe1 C Janney	Name United Transportation Union			
	Labor Organization File Number 000-314			
PO Box Bldg Room No If any	PO Box Building and Room Number if any			
Street 1220 Calvin SE	Street 14600 Detroit Avenue			
City Grand Rapids	City Cleveland			
State Michigan ZIP Code + 4 49506	State Ohio ZIP Code + 4 44107			
5 Position in labor organization Vice Loc Chair/Leg Rep - Local 313				
monetary value from an employer whose employees your organizate 6 Name and address of Employer (including trade name if any) Name	7 a Nature of Interest Transaction or Income			
PO Box Bidg Room No If any	7 b Amount			
Street City State ZIP Code + 4				
Signature				
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)				
Signed Agel C Aarner	On 4 10 04 (616+ 245 - 7122 Telephone Number			
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Name of Person Filing Joe1 Janney		File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4 10 If 9 b or 9 c is checked give trust or employer's name	9 Business deals with a Labor Organiza b Trust c Employer				
Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 b Approximate dollar valo	ollar value of such dealing rest held or income received			
	12 b Amount				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment \$58 Meal \$227 Fishing lodging & refreshments				
Name Hoey & Farina P C Trade Name if any					
PO Box Bldg Room No If any Suite 200 Street 542 S Dearborn Suite 200 City Chicago State Illinois ZIP Code + 4 60605					
13 b Is the Business an Employer or Consultant?	14 b Amount of payment		\$285		